



**CANDIDATE'S STATEMENT OF ORGANIZATION AND  
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**  
State Form 4604 (R11/11-05)  
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

**(CFA-1)**

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.**

**FILE NUMBER**

1. IS THIS AN AMENDMENT? ☐ No ☐ Yes If Yes, please enter the file number in this box →

**SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

2. Last Name <i>See attached list</i>	First Name	Middle Name	Nickname	3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address		5. FAX (Optional)		6. E-mail Address (Optional)	
7. City	State <b>IN</b>	ZIP Code	8. County	9. Telephone (Day)	10. Telephone (Evening)
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) <i>IPS School Board</i>		

**SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

13. Full Name of Committee (Do not abbreviate) <input checked="" type="checkbox"/> Check if this is a new name <i>IPS School Board State</i>					
14. Mailing Address <input type="checkbox"/> Check if this is a new address <i>42 N. Mount St.</i>			15. FAX (Optional)		16. E-mail Address (Optional) <i>darnold@hawthornescenter.org</i>
17. City <i>Indpls</i>	State <b>IN</b>	ZIP Code <i>46222</i>	18. County <i>Marion</i>	19. Telephone <i>(317) 6370320</i>	20. Committee Organization Date (MM-DD-YY) <i>04/09/08</i>
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input checked="" type="checkbox"/> Check if this is a new chairperson <i>Clarke Campbell</i>					
22. Mailing Address <input type="checkbox"/> Check if this is a new address <i>251 East Ohio Street Room 160</i>			23. FAX (Optional)		24. E-mail Address (Optional)
25. City <i>Indpls</i>	State <b>IN</b>	ZIP Code <i>46204</i>	26. County <i>Marion</i>	27. Telephone (Day) <i>(317) 327-8513</i>	28. Telephone (Evening) <i>(317) 955-3055</i>
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) <i>National City</i>					
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)			31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)**

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.			Person Appointed Treasurer <i>Diane Arnold</i>		Signature of the Committee Chairperson <i>Clarke Campbell</i>
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer <i>Wanda Diane Arnold</i>					
34. Mailing Address <input type="checkbox"/> Check if this is a new address <i>42 N. Mount St</i>			35. FAX (Optional)		36. E-mail Address (Optional)
37. City <i>Indpls</i>	State <b>IN</b>	ZIP Code <i>46222</i>	38. County <i>Marion</i>	39. Telephone (Day) <i>(317) 6374312</i>	40. Telephone (Evening) <i>(317) 6370320</i>

**SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).		Signature of Person Accepting Appointment <i>Wanda Diane Arnold</i>
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**SECTION E. CERTIFICATION OF STATEMENT**

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson <i>Clarke Campbell</i>	Signature of Chairperson <i>Clarke Campbell</i>	Date (MM-DD-YY) <i>4/8/08</i>
43. Typed or Printed Name of Candidate <i>Diane Arnold</i>	Signature of Candidate <i>Diane Arnold</i>	Date (MM-DD-YY) <i>4/11/08</i>

**Warning:** State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

**FOR OFFICE USE ONLY**

*Charles A. White*  
**APR 11 2008**  
**FILED**

## Candidate List for IPS School Board Slate

Clarke Campbell  
1846 Woodruff Place, Cross Drive  
Indianapolis, IN 46201  
955-3055  
327-8513  
At-Large Candidate  
Indianapolis Public Schools Board

Marianna Zaphiriou  
5246 East St. Clair Street  
Indianapolis, IN 46219  
278-6253  
352-1776  
District #1 Candidate  
Indianapolis Public School Board

Diane Arnold  
42 North Mount Street  
Indianapolis, IN 46222  
637-0320  
637-4312  
District #4 Candidate  
Indianapolis Public School Board

Leroy Robinson  
4314 Dabney Drive  
Indianapolis, IN 46254  
964-6600  
329-0923  
At-Large Candidate  
Indianapolis Public School Board